

# THE COMMONWEALTH OF MASSACHUSETTS TEN-YEAR STATE PLAN TO END CHRONIC HOMELESSNESS

## A Report of the Policy Academy on Chronic Homelessness

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# **THE COMMONWEALTH OF MASSACHUSETTS TEN-YEAR STATE PLAN TO END CHRONIC HOMELESSNESS**

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## **VISION STATEMENT**

Massachusetts' vision is to end chronic homelessness by implementing a coordinated plan of prevention and expanding access to mainstream services and permanent housing for extremely low-income people.

## **INTRODUCTION: ENDING CHRONIC HOMELESSNESS**

The federal government has made it a top priority to end chronic homelessness within ten years. This priority is rooted in the sound analysis of homelessness within our country today. The federal government defines a person experiencing chronic homelessness as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or has had at least four episodes of homelessness in the past three years. National research by Dr. Dennis Culhane, the most widely recognized researcher on the adult homeless population, has provided a compass for policy and program development targeted to specific population profiles. Dr. Culhane's data show that about 10% of homeless adults who use the shelter system over the course of a year have long stays in homelessness, coupled with deep levels of mental and physical disability, including addictions. Persons experiencing chronic homelessness constitute the most costly population, and would be better served in permanent housing with supportive services, thus reducing the public expense of acute care and emergency services such as shelters and providing a path for those served to achieve more stable and self-sufficient lives.

## **PURPOSE AND OVERVIEW OF THIS REPORT**

This report was prepared by the Massachusetts Policy Academy on Chronic Homelessness (the Academy) and is intended as a blueprint for the Commonwealth's ten-year plan to end chronic homelessness. It is not the intent here to outline the complex history and factors leading to the problem of chronic homelessness and its very visible and growing consequences throughout the communities of the Commonwealth. This report begins with presenting circumstances, stating the priorities, strategies, concrete action plans and necessary outcomes to achieve the ultimate objective: ending chronic homelessness, not managing it. From a planning perspective, much work remains. The priorities for the Commonwealth as recommended by the Academy are as follows:

- To Inventory and Coordinate State-level Fiscal and Demographic Data on the Chronically Homeless Population
- To Improve Access to and Coordination Across Mainstream Services and Funding
- To Expand Availability of and Access to Extremely Low-Income Housing Opportunities
- To Develop and Promote the Prevention of Chronic Homelessness

## ① **PRIORITY ONE**

### **Inventory and Coordinate State-level Fiscal and Demographic Data on the Population of Persons Experiencing Chronic Homelessness**

National research and client-level demographic data, state system-level program and utilization data, best practices, and measurable outcome data should guide the development of policy, resource allocation and program development for the population of persons experiencing chronic homelessness. The quality and use of data is critical to the successful abolition of chronic homelessness in the Commonwealth. Such data must be capable of reliable conversion to practical and applicable information to guide policy. In order to begin to create a comprehensive picture of the chronic homeless population and its use of mainstream and homeless specific resources, basic inventory and coordination activities must be conducted to create a baseline of information to guide strategic planning and decision-making. Unfortunately, such a system does not yet exist in the Commonwealth. To capture the dynamics of the overall homeless population accurately requires an integrated systems-level approach (as opposed to simply a services-level approach) that can identify persons and service use across systems of care.

#### **● Strategy 1.1. Identify, compile and share comprehensive state-level data on programs, services and clients**

Ending chronic homelessness will require a consolidated and cooperative effort. There is presently no greater failure systemically within Massachusetts than the inability to produce reliable information regarding persons experiencing homelessness who are accessing residential, emergency and mainstream services across our state. Although there may be significant amounts of data within advocacy organizations and specific agencies, such data is not useful until it is comprehensive, coordinated and brought into an analytic framework. The key to ending homelessness, particularly chronic homelessness, is working together to identify those being served, identify available programs and their target populations, and establish accountability for measuring and reporting acceptable outcomes.

##### **✓ Action 1.1.1. Identify which provider and state agencies are collecting what data**

The first step in the conversion of data to information is the compilation of various sources and types of data. The EOHHS Data Subcommittee has already noted that state, local and private agencies that serve persons experiencing homelessness do not routinely or consistently collect data about the people they serve. In many agencies there is currently no means for identifying someone as homeless on admission or discharge or to track an individual's use of services within or across services. Many collect no data at all. There are some provider agencies, however, specifically serving persons experiencing chronic homelessness (such as Boston's Health Care for the Homeless) who have access to long-term data sources that they presently utilize. This data should be reviewed for its value and as potential models for more comprehensive data collection. The Commonwealth needs a more thorough statewide effort for describing and capturing existing data collection. It is recommended that the Commonwealth mandate and authorize an appropriate process for cataloging and describing data collection about chronic and other homeless people.

*☑ Action 1.1.2. Identify common areas, duplication of effort and gaps in data*

The EOHHS Data Subcommittee has noted that there is no agency solely responsible for collecting and reporting data regarding persons experiencing homelessness and available housing and services. The Commonwealth needs to make informed decisions about the future requirements of data collection, recognizing data-rich sources but at the same time avoiding duplicative processes and overcoming significant gaps in data.

*☑ Action 1.1.3. Develop systems for sharing data/information*

There has been a decade-long debate regarding the availability of information within and outside of government. A much longer debate has ensued concerning consumer privacy. Sound protocol, regulation and law have resolved many of the obstacles identified in these debates. Any true state interagency effort will require the ongoing and continued analysis and refinement of its information streams and deliberate decisions regarding the frameworks for communicating and sharing non-client-identified data, program, utilization and outcome data. Some public and private agencies have avoided data collection or efforts aimed at sharing data, perceiving such practices as overly invasive or a threat to the personal privacy of homeless people. These same public and private agencies however, are often not aware of the critical resource opportunities lost when data is not collected or shared. Such data, when collected and shared, can be used to provide more ready access to housing and critical resources. Given the application of appropriate technologies and protocols, data can be collected while still protecting personal privacy rights by employing systems that health care providers and others currently utilize. The effort to end chronic homelessness in particular requires shared cross system information to achieve even the most basic coordination. A good example of this is the chronic street dwelling homeless population. There are currently 15 separate programs that conduct street outreach statewide. This population has the highest utilization of acute services in mental health, substance abuse and emergency rooms. There is currently no coordinated information among these programs on this population.

*☑ Action 1.1.4. Identify various end uses for data (locally and federally)*

The objective to end chronic homelessness and the role of appropriate outcome data should in part define the end uses of any data collection for this population. Information collection must be linked to appropriate outcomes. Identification of the end uses of data is a tool for overcoming and streamlining the multiple jurisdictional, funding, regulatory and legislative mandates for information. Statewide, multi-jurisdictional and interagency planning requires leadership and a clear strategic focus while engaging multiple partners and sources of information. The articulation and outline of end uses of data are critical to accomplishing a strategic vision and plan. From a compliance perspective alone, appropriate data collection will enable the state-funded homeless service providers and federally funded local Continuum of Care (CoCs) communities to collect uniform mandatory data elements, thus creating a more seamless and comprehensive demographic of the population experiencing chronic homelessness. This in turn can increase available federal resources allowing the state to realign the use of its state funds. Other important end uses include: ascertaining eligibility for various resources, the ability to

evaluate the accessibility of mainstream resources, tracking the movement of individuals across services systems, and measuring outcomes to determine the efficacy of certain programs.

### ● **Strategy 1.2. Streamline the intake process into shelter and mainstream service systems**

The Massachusetts system of shelter care is in many ways as fragmented and disjointed as the mainstream systems of care that feed into it. Other jurisdictions around the country have uniform or single points of intake into the homeless shelter and service system for individuals. Massachusetts does not have a central intake system or uniform agreement as to what should be included in such an intake process. Critical to overcoming chronic homelessness will be adapting necessary intake data and protocols to obtain information that will determine appropriate responses.

#### ☑ *Action 1.2.1. Identify and coordinate common data elements and processes*

Massachusetts, at minimum, should endorse the HUD Mandatory Data Elements. The state should also work to establish additional data elements critical or specific to the chronically homeless population. It would be helpful to be able to indicate locations and concentrations of people experiencing chronic homelessness and the various programs accessed throughout his or her chronic homelessness.

#### ☑ *Action 1.2.2. Design and create a uniform intake instrument*

The Commonwealth should design and promote a common intake form for homeless unaccompanied adults that captures mandatory data elements and make the collection of such data mandatory for all service providers and a required condition of their pre-qualification for funding.

#### ☑ *Action 1.2.3. Create a long-term plan for central intake*

If it is determined that service providers for homeless individuals lack the capacity to collect this important data, then consideration should be given long-term to the use of central intake centers similar to New York and Philadelphia models that act as entry points and triage into the system of shelter and homeless services. In the future, the creation of such intake centers realistically could, through a triage process, eventually refer individuals directly to the appropriate housing or service venue instead of making immediate referrals to shelters. The other benefit provided by such triage is the ability to distinguish various homeless emergency responses by need or subpopulation. A benefit of such an approach, for example, is that it avoids placing young adults with older adults coming to shelters directly from correctional institutions. The Commonwealth should examine all possible methods for securing appropriate data and information available.

### **● Strategy 1.3. Develop reliable methodologies for accurate counts of chronic homelessness on the streets**

President Bush and the U. S. Interagency Council on Homelessness have made ending chronic homelessness by 2012 a top priority. Accomplishing that goal will require being able to determine the number and location of street-dwelling homeless people. A reliable methodology for counting street-dwelling chronically homeless people will also be critical in order to determine the efficacy of this effort. Future federal funding for targeted homeless resources will be contingent upon the capacity of jurisdictions to provide reliable descriptive counts of street populations. The Commonwealth should encourage the development of reliable methodologies for securing data on the street populations of persons experiencing chronic homelessness.

#### **☑ Action 1.3.1. Encourage and implement an annual street count in jurisdictions across the Commonwealth**

Although a method of limited capacity, one-night street counts of unsheltered persons should be developed in various local and regional jurisdictions across the Commonwealth. Such counts give some indication of the numbers on any given night of the visible homeless population on the streets. Communities should be encouraged to do one-night counts to reach estimated numbers of chronic street populations for the entire state. Every indication is that the federal government will continue to stress the importance of an annual street count of chronically homeless persons as part of a local strategy.

#### **☑ Action 1.3.2. Develop working collaborations among various outreach and engagement efforts to collect and share common data regarding street populations**

There are numerous outreach programs across the Commonwealth that reach out to homeless people living on the streets of our communities. Health care, social services, transportation to shelter and other referrals are often a part of such outreach. However, the notion of “outreach” often gives an ambiguous meaning to such efforts and resources. It should never be the objective of such services to merely sustain people on the streets, but instead, to engage people with the goal of moving toward housing and appropriate services when necessary. The Commonwealth should develop strategies of engagement for moving people from streets to appropriate housing and services. These programs need to be coordinated at the policy, planning and street level. Outreach programs are in a unique position to recognize, catalogue and determine the number of chronically homeless people living on the street. Homeless engagement programs should be required by the Commonwealth to work in coordination, target high priority cases, and work in a concerted effort to create uniform data collection about those living on the street and measurable outcomes related to the success or failure to move such people to an appropriate residential setting. Such outcomes need to be tracked across systems of care.

*☑ Action 1.3.3. Access other reliable data resources that engage and document the population experiencing chronic homelessness*

Persons experiencing chronic homelessness utilize any number of systems throughout the Commonwealth. Medical resources, substance abuse treatment, and mental health services are only some of the systems implicated. It is suspected, and in some cases empirically shown, that these are some of the most expensive consumers of such mainstream resources. Other mainstream systems of care and their various data collection systems should be designed to gather information about persons experiencing chronic homelessness on the streets while in their care.

*☑ Action 1.3.4. Develop longitudinal data of utilization of shelter and homeless services*

Point-in-time data collection, such as annual street counts, focuses on demographic data. Because persons experiencing chronic homelessness remain homeless in the shelter system longer, this subgroup tends to be over-represented in point-in-time counts. The Commonwealth should commission a longitudinal study of shelter clients. Longitudinal data captures patterns of shelter usage over time. This type of data can help identify categories of different subgroups of homeless people (chronic, episodic, and transitional), which can be used to develop targeted program strategies and direct the allocation of resources.

## **② PRIORITY TWO**

### **Improve Access to and Coordination Across Mainstream Services and Funding**

For nearly 30 years, the emergency and parallel response to chronic homelessness, despite saving countless lives, has proven itself incapable of one critical accomplishment: ending homelessness. The investment of countless resources into an emergency system creates a system of relief that practically ignores the very pre-condition that creates homelessness: the inability to access and coordinate the various services intended by local, state and federal entities to serve the complex and varied needs of very poor people. “Mainstream services” refer to various publicly funded resources intended for low-income households or individuals. A person experiencing chronic homelessness, by the very fact of being so defined, has already been failed by these multiple systems of care. The ability to access and benefit from mainstream resources is required to achieve housing stability and prevent homelessness in the first place. The ability to access mainstream resources provides a far less costly way to meet the needs of persons experiencing chronic homelessness. Ending chronic homelessness will require a planned and combined effort by every level of government and communities across the Commonwealth.

### **● Strategy 2.1. Collaborate on interagency efforts for more efficient delivery of state and federal services**

Significant barriers to accessing mainstream services are often the product of fragmented systems of care. Separate funding streams, different regulations, and varying definitions of eligibility, create a difficult system for persons experiencing chronic homelessness to navigate.



The population is defined by complex needs in a system that requires he or she seek services from multiple sources. Many of these systems, in turn, serve the same persons, engaging multiple and sometimes duplicative services, without ever coordinating these efforts. As a result, mainstream resources have not been fully utilized in meeting the needs of this specific population or strategically adapted to create sustainable housing. An interagency effort will be required to better commit scarce resources to both end and prevent homelessness amongst the poorest and hardest to serve.

☑ *Action 2.1.1. Identify a single state entity to coordinate delivery of services*

Ending chronic homelessness will require both service integration and systems integration. Collaborations between service providers alone will not be sufficient to create the seamless effective delivery of services necessary or the framework within which to gauge their efficacy. A single, driving force must oversee ongoing planning, with the authority to effect policy and practice at both the executive policy level and on the ground throughout the mainstream service system. A single coordinating entity is necessary to end the service fragmentation that results in a separate emergency system that finds it virtually impossible to move an individual out of homelessness towards some semblance of stabilization within the community. One entity should have the primary responsibility for coordinating the various interagency initiatives and collaborations emerging in response to population of persons experiencing chronic homelessness.

☑ *Action 2.1.2. Forming a subcommittee on chronic homelessness: bringing key stakeholders to the table*

The single state entity can be the focal point for a systems integration initiative. Key stakeholders and informants need to continue to be engaged in the process moving forward. The Academy provided the locus for important discussions focused on chronic homelessness. Important stakeholders need to continue with the on-going design and implementation of the Plan to End Chronic Homelessness. Included in this subcommittee should be representatives of key advocacy organizations for persons experiencing chronic homelessness, representative homeless providers, faith-based organizations, philanthropic organizations and foundations, and representatives of the corporate and private sector. Current examples from other communities across the country demonstrate the wisdom of involving chambers of commerce, The United Way, bids, and other entities with a stake in this issue. Ending chronic homelessness will benefit from the broadest expansion of intellectual capital available in the community.

☑ *Action 2.1.3. Catalog and review formal state agency plans covering policies and programs of relevance to serving and housing persons experiencing chronic homelessness, and ensure they explicitly address this population*

Several major state agencies, including those operating mainstream service programs, devise annual or multi-year plans for operating particular programs in terms of identifying policies, goals, objectives, timetables, methodologies and target populations to be served. Often these are required to be filed with federal agencies as a condition for federal funds being granted to the Commonwealth. A few examples of such state program plans include the Substance Abuse

Block Grant Plan, Mental Health Block Grant Plan, Workforce Investment Act Plan, HUD's Consolidated Housing Plan, Statewide McKinney Continuum of Care Plan, Food Stamps, and Rehabilitation Services Plan. Agencies sponsoring such comprehensive plans should be encouraged, if not required, to document and address the needs of persons experiencing chronic homelessness. In many cases, this may already be a federal objective that is not being properly supported or monitored. In addition, plans should be coordinated and integrated with local HUD Continuum of Care planning and with the Commonwealth's ten-year plan to end chronic homelessness.

## ● **Strategy 2.2. Enhance enrollment into mainstream benefits programs**

Massachusetts has been a national leader in the identification, development, piloting, and tracking of policies and practices aimed at accessible and successful enrollment of homeless persons within mainstream benefits programs. Many successes have been built on long-term public-private dialogue and cooperation. Enrollment of chronically homeless individuals into mainstream services presents unique challenges. The barriers to such enrollment are both due to the condition of homelessness as well as the various system barriers that result from fragmented systems of care and delivery of service. Lack of a permanent address, movement between various programs and lack of transportation are some of the conditional barriers that often impede enrollment. Multiple procedures for enrollment, lack of expertise with homeless persons, and, in some cases, lack of accountability, are only a few of the systemic barriers resulting from the fragmented access and delivery of mainstream resources. Enrollment is the first step toward successful participation. Such enrollment is critical toward the provision and sustainability of chronic homeless persons in housing.

### *☑ Action 2.2.1. Develop planning and outreach to deliver benefits information across all programs*

The Commonwealth can develop a delivery system for state agencies to ensure that standard information related to eligibility and access to mainstream resources is provided across all systems of care. Outreach can focus on bringing stakeholders together to discuss and analyze barriers to enrollment. The Commonwealth should encourage the adoption of best practices from across the nation and the state.

### *☑ Action 2.2.2. Analyze eligibility gaps in accessing services*

The Commonwealth can perform analysis to determine specific needs of persons experiencing chronic homelessness and to study factors across agencies that determine eligibility for specific resources. Such analysis will determine not only what resources are available to an individual, but will also identify shortcomings of such resources in addressing the specific of the chronically homeless population. This analysis would also help to develop adequate case management resources for moving chronically homeless people into mainstream resources.

*☑ Action 2.2.3. Establish a “no wrong door” approach to enrollment for mainstream resources*

The current service and treatment system is fragmented, forcing individuals to go to various sites to access the resources for which they are eligible. The basic resources homeless individuals are eligible for are few. These basic benefits (Food Stamps, MassHealth Essential, SSI, etc.) and the HUD data standard information that will be required could be accessed under a single point of entry throughout the delivery system. The “no-wrong” door approach also provides a contact and reference point of referral for other specific resources that persons experiencing chronic homelessness may be eligible for based on disability or other factors.

*☑ Action 2.2.4. Allow homeless programs as “no wrong door” points of entry*

The most efficient and targeted resources that could be utilized by this population can be most accessible through shelters, day programs, and health care and outreach services delivered by providers across the state. A uniform approach and method of enrollment should be integrated across the homeless service delivery system, ensuring that these basic services could be provided and unnecessary replication of effort would not occur.

**● Strategy 2.3. Coordinate screening and assessment services for mental health, substance abuse, and Medicaid**

Persons experiencing chronic homelessness, by nature of their homelessness and disabling conditions, are the most difficult to screen and assess for key mainstream resources. The Commonwealth should encourage the coordination of these resources to better serve the unique needs of this population.

*☑ Action 2.3.1. Create a single uniform screening process*

DMH, MassHealth Standard, EAEDC, SSI and SSDI, allow for enrollment of persons with chronic disability into both or either services and cash support. These all require medical substantiation, income eligibility certification, citizen status and enrollment. This system is very difficult to navigate for persons experiencing chronic homelessness. A uniform screening process would more efficiently move appropriate homeless individuals into these mainstream resources.

*☑ Action 2.3.2. Create improved screening tools for determining eligibility*

New and effective tools should be employed to determine and prioritize a presumption of eligibility for mainstream resources. A streamlined and well-designed assessment tool could be employed to direct chronically homeless people toward the appropriate resource. The efficiency of such a tool would eliminate much of the frustration homeless individuals and homeless providers experience in linking persons with disabilities to the appropriate resource.

*☑ Action 2.3.3. Coordinate application processes with homeless sites*

The initiative to end chronic homelessness requires a movement away from parallel systems of separate service and care into more effective use of mainstream resources. However, if more efficient enrollment and assessment tools were designed, these would be best implemented at sites accessible to chronic homeless persons. Moving from parallel systems will require inreach into existing systems and sites directly serving persons experiencing chronic homelessness. A streamlined process of enrollment, eligibility determination and assessment will eventually lead to ensuring “wrap-around” services necessary for transition to permanent housing by persons experiencing chronic homelessness.

*☑ Action 2.3.4. Coordinate Health Care for the Homeless (HCH) and Social Security Administration (SSA) programs*

One of the clearest points of transaction with persons experiencing chronic homelessness occurs through existing homeless health care services across the Commonwealth through various HCH programs. Benefits work is a mandated activity for HCH programs, and they represent a key resource to meet the goal of ending chronic homelessness. The significant health care and disability issues identified with this population suggest the strong possibility of eligibility for SSI and SSDI. A streamlined process would place enrollment capacity in programs and provide possible strategies for streamlined assessment.

**● Strategy 2.4. Promote involvement of the state and all relevant state agencies in local jurisdictional planning**

The best plan to end chronic homelessness will not be successful if there is not local buy-in and investment in the plan and its implementation. There are presently 22 local and regional CoCs across the Commonwealth. In the past, the state’s federal McKinney application has focused on the communities that have remained outside of these existing plans. More recently, some jurisdictions across the state have begun to plan and implement ten-year plans to end chronic homelessness. However, the new focus on planning and mainstream resources will require a connection between local jurisdictions and state systems of care. The Commonwealth should develop a regular convening process with key officials of local jurisdictions and existing CoCs to ensure a seamless approach to the plan to end chronic homelessness. Chronic homelessness clearly has a regional component, and a statewide approach to this issue will ensure reliable data related to the cost-effectiveness of such utilization. It is critical that state agencies collaborate with local jurisdictions. This will ensure that local communities will have the necessary linkages to mainstream resources so that their applications are competitive nationally. Such coordination will be necessary to guarantee that movement continues to be focused on ending homelessness and not simply maintaining it.

*☑ Action 2.4.1. Integrate a state plan to end homelessness with local and regional plans*

The trajectory of current federal policy on homelessness will likely continue to emphasize the use of mainstream resources for the target population. Future federal funding trends indicate that

accessing mainstream resources will continue to be a top priority. The most competitive applications for these resources will identify and implement strategies for accessing mainstream resources. Partnerships between local decision-makers and communities and the primary state agencies that administer and oversee these mainstream resources must be created. The coordination of these communities with the state will be a step toward the necessary systems integration that must occur for the most efficient use of state and mainstream resources. The Commonwealth should work with statewide advocacy groups toward furthering such collaborations.

☑ *Action 2.4.2. Develop partnerships that support the implementation of this plan among local jurisdictions, and develop working relationships among CoCs, towns and municipalities, state agencies and the various communities represented*

The CoCs presently represent the key service providers in various communities around the state wrestling with the problem of homelessness. Such planning processes involve local governments, faith communities, philanthropic interests and private sector groups to varying degrees. Some of these groups have already begun to discuss local plans toward ending chronic homelessness and to build stronger links to their local jurisdictions. All of these communities provide linkage to state legislators and other leaders throughout their communities. Integrating such local efforts will ensure a systemic approach that avoids duplication of services and ensures access to all without placing undue burdens on communities across the state. Statewide advocacy organizations can be utilized in building such efforts. This will also ensure that the local planning processes are strongly linked and knowledgeable about evolving federal policy on homelessness. If the HUD CoC process changes at the federal level, the Commonwealth will have built linkages between state and local entities. By partnering with the state, local jurisdictions will be in a position to receive additional resources, and the state will be able to leverage these local public and private resources as well.

☑ *Action 2.4.3. Seek and develop regional strategies among CoCs*

Homelessness, and particularly chronic homelessness, is clearly a problem across regions – a universal popular assertion about homeless people is that they are always from someplace else. Currently, CoCs differ on how they view and respond to homeless people who are perceived as being from other communities. Reciprocity and cooperation amongst different regions could allow the state and local entities to get a better handle on the greatest areas of need and a more uniform and efficient response to the needs of homeless individuals. The result would be a seamless system of housing and care with no artificial barriers to access.

**● Strategy 2.5. Create effective opportunities within existing mainstream employment services programs for persons experiencing chronic homelessness at no additional cost**

Mainstream employment training and education agencies at the federal, state and local level, have heretofore, been not very engaged in strategies to end homelessness. Persons experiencing chronic homelessness present difficult challenges for re-integration back into the workforce. Unique characteristics of subpopulations of persons experiencing chronic homelessness,

including level of disability, past work history, lack of basic skills/training, and criminal history, all play a part in limiting chronically homeless individuals' work choices. The Commonwealth should begin a discussion and exploration of methodologies and appropriate policy for the use of mainstream employment resources for creating job opportunities and choices for persons experiencing chronic homelessness.

*☑ Action 2.5.1. Engage Department of Labor and Workforce Development and Division of Employment & Training in dialogue about serving persons experiencing chronic homelessness*

As noted earlier, ending chronic homelessness will require systems integration. The ability to access employment resources and opportunities for persons experiencing chronic homelessness will depend a great deal upon the public entities overseeing such programs and practices. As a first step, the Commonwealth should begin a discussion with the primary public entities and other mainstream resources intended to lead toward employment training and placement.

*☑ Action 2.5.2. Inventory existing mainstream and homeless employment programs and their accessibility to persons experiencing chronic homelessness*

Employment and placement programs exist throughout the Commonwealth. Such programs include rehabilitative services, remedial education, employment readiness, work experience, on-the-job training, employment preparation training and direct placement. One-stop Career Centers and Local Workforce Investment Boards have a role and responsibility in ending homelessness. An attempt to open such programs to persons experiencing chronic homelessness will require a careful inventory of existing resources and access and barriers related to the chronically homeless people. The Commonwealth should commission such an inventory as part of a comprehensive plan to create greater opportunities for persons experiencing chronic homelessness.

*☑ Action 2.5.3. Inventory most recent research and best practices related to utilization of mainstream resources for training and placing persons experiencing chronic homelessness*

Communities across the country are implementing plans to end chronic homelessness. The Commonwealth should explore other systems models for creating workforce attachments for returning persons experiencing chronic homelessness to work.

## **● Strategy 2.6. Affirm and expand efforts to seek funding from federal and state mainstream programs that can be targeted to this goal**

Ending chronic homelessness will not be achieved by creating parallel and expensive “homeless” programs, but by accessing mainstream resources intended to serve those in need and overcoming barriers that currently prevent that from happening. The Commonwealth should make it a matter of state policy to develop practices of both agencies and vendors to secure and maximize mainstream funding. Such policy and practice should guide the response of jurisdictions and CoCs to homelessness across the state.

*☑ Action 2.6.1. Conduct cost-benefit analysis of impact of accessing mainstream resources*

Analysis of the cost of homelessness in Massachusetts indicates that the state spends nearly a quarter-billion dollars of public money addressing homelessness. This does not include the incredible amounts of private money that are expended as well. Also missing in this analysis are the costs of housing, health care, hospitalization and other resources provided throughout various systems of care. An analysis of the impact of mainstream resources can demonstrate both the efficacy of the effort as well the savings associated across systems. Such information can be used to further promote the commitment and direction of mainstream resources toward ending chronic homelessness.

*☑ Action 2.6.2. Promote national and state models of best practices that utilize mainstream resources and reduce the expense of homelessness*

An integrated response will encourage best practices that work to link persons experiencing chronic homelessness to mainstream resources. The Commonwealth can promote across CoCs and communities those programs and models that demonstrate success in moving individuals to mainstream resources and providing less costly services. Again, best practices will reinforce at state and federal levels the efficacy of such approaches.

*☑ Action 2.6.3. The Commonwealth's agencies can provide CoCs technical assistance for developing plans to access mainstream resources*

The strategy of accessing mainstream resources provides a first step toward the systems integration necessary to more efficiently address chronic homelessness. Various agencies of the Commonwealth could provide technical assistance to communities and the CoCs in constructing their plans to better access mainstream resources. Past federal grants to address chronic homelessness in Massachusetts have been rejected because of a failure to demonstrate a relationship between jurisdictions. These agencies could work with statewide advocacy organizations in order to disseminate critical technical assistance between state agencies and local systems of care and build more coordinated attempts to address chronic homelessness statewide.

*☑ Action 2.6.4. Encourage the local development of coordinated ten year plans to end chronic homelessness*

The Commonwealth should adopt the goal of having all local communities funded for homeless services design their own jurisdictionally based ten-year plans to end homelessness. Each plan would include a commitment to accessing mainstream resources and coordination with the state. The Commonwealth could sponsor and hold a regular convening process with these various jurisdictions to ensure the ongoing implementation and evaluation of a state plan, as well as the linkage of local efforts to the state's strategy. Again, the Commonwealth could then establish that it is a shared goal of all in the state to end homelessness, not merely manage it.

### ③ **PRIORITY THREE**

#### **Expand Availability of and Access to Extremely Low-Income Housing Opportunities**

A significant number of studies have looked at the housing affordability crisis in the Commonwealth. Unfortunately, there has been little focus on persons living on incomes at or below 30% of median income. For this population, little or no housing exists. Chronic homelessness will not be overcome if the appropriate and affordable housing is not available. Housing persons experiencing chronic homelessness will require a re-visioning on the part of shelter, housing and service providers to view housing as the initial objective of their efforts rather than the end product of an extended and successful period of treatment and care. Rapid re-entry and delivery systems of community-based care will be necessary to sustain the housing for this subpopulation of homeless individuals.

#### ● **Strategy 3.1. Explore and propose enhanced delivery models of housing homeless people**

With some notable exceptions here in Massachusetts, the emergency shelter system has become the expected response to homelessness. This response is a costly one, and each night the number of persons seeking these resources grows. National data indicates that the population of persons experiencing chronic homelessness represents the costliest use of this resource. Here in Massachusetts and across the nation there are emerging models that have pioneered new housing approaches that may prove far less costly and perhaps more effective in ending chronic homelessness.

##### *☑ Action 3.1.1. Investigate converting shelter resources into permanent housing*

Nationwide studies of persons experiencing chronic homelessness indicate that the chronically homeless population represents 10-15 % of the homeless population and uses more than half of the emergency resources available. Many of these chronically homeless individuals are in programs designated as emergency shelters. For all intents and purposes, they have been “housed” in those programs for years. The Commonwealth should support flexible use of public resources to create pilot uses of these resources to provide housing for chronically homeless individuals. Such flexibility would allow providers to: adopt previously successful permanent housing models such as the Individual Self-Sufficiency Initiative (ISSI); use for project-based or scattered-site housing; use for Single Person Occupancy projects (SPOs) or use as service dollars to leverage additional federal housing dollars. The key to success for such a proposal is to limit it initially to well-designed pilots that can demonstrate successful outcomes for housing chronically homeless people. Such an approach must also ensure that an emergency shelter resource is not depleted to a point where it can no longer meet the present emergency need.

##### *☑ Action 3.1.2. Explore Expansion of “Housing First” models for effective use*

The continuum approach to addressing homelessness promoted a linear model that suggested that housing was the end result of a process of an individual moving from streets, to shelter, to transitional programs, or to permanent supportive housing. Housing was the prize at the end of the process for a client who could demonstrate compliance to a system of care that made any



number of demands from sobriety to medication regimens. The end result of these models was service intensive programs that put very few resources into actual housing. New models have emerged that challenge these assumptions. Commonly referred to as “Housing First,” these approaches abandon the linear model of the Continuum of Care and put housing at the front of the process and seek to place a person in housing first and then deal with service needs the individual has. Empirical research has indicated that the mere act of placement in housing produces a level of stabilization that allows the individual to address their other needs more effectively. The Commonwealth should research these models and promote movement away from reliance on linear models for dealing with the chronically homeless population.

*☑ Action 3.1.3. Create additional supportive housing*

There are a certain number of persons experiencing chronic homelessness whose level of disability will require housing with services. The creation of additional capacity of supportive housing will ensure that persons experiencing chronic homelessness with severe levels of disability will have sustainable housing. Such efforts to expand capacity could include the development of SPOs. An ancillary benefit of the creation of such capacity is that it will free up existing DMH transitional housing resources for additional numbers of persons experiencing chronic homelessness moving into a temporary housing situation. An immediate strategy for the creation of additional supportive housing is a commitment from the state and local municipalities to maximize available McKinney dollars by targeting them to housing activities and using bonus incentive dollars for housing persons experiencing chronic homelessness. The Commonwealth should adopt a policy aimed at ensuring that every jurisdiction applies for all available housing funds and evolves local applications that increase their competitiveness by seeking more funds for housing activities, thus achieving higher scores. Coordination at the state level can improve the state’s ability to use scarce state resources for purposes of achieving federal requirements for matching funds. Coordination at the state level can also provide a more comprehensive approach for the numerous local jurisdictions throughout the state that compete for federal resources.

*☑ Action 3.1.4. Encourage “Smart Growth” initiative to explore opportunities for chronically homeless people*

The concept of “Smart Growth” views the development of housing from a perspective of sustainability that considers the impact of such development upon the whole community. Housing is integrated into the whole community in such a way to control sprawl, density and to ensure appropriate quality of life issues. Homelessness, with growing numbers of individuals on the street, has become a quality of life issue in both urban, urban fringe, suburban and even rural communities. It impacts communities in many ways. Addressing homelessness ultimately is a matter of housing capacity. The Commonwealth needs to promote a “Smart Growth” model that encourages set-asides that benefit persons experiencing chronic homelessness. All conventional housing programs (state-funded, quasi-public agencies, and federal-funded) should have set-asides for extremely low-income individuals (those at or below 30% of median income). In addition, the Commonwealth should pursue establishing a requirement that all new housing developments that receive public funds establish such set-asides. A “Smart Growth” approach should also consider potential opportunities for creating housing for chronically homeless people

as the state and local governments develop proposals for the use and re-use of surplus state property.

- ☑ *Action 3.1.5. Create incentives to increase affordable housing production for persons experiencing chronic homelessness*

The state should create incentives for cities/towns that support housing developments, which includes a set-aside of units for homeless people. Financial incentives could include additional local aid and school funding. Another possible incentive tool would be to allow cities/towns a 2:1 unit counts for each set-aside unit for persons experiencing chronic homelessness, for purposes of the state's Affordable Housing Inventory. The state should also continue efforts to promote less restrictive local zoning and permitting requirements, which drive up the costs of housing development.

### **● Strategy 3.2. Define and propose rationale to target resources to end chronic homelessness**

Although Massachusetts has some of the best housing programs for persons experiencing chronic homelessness in the nation, such as the Special Initiative for the Homeless Mentally Ill, there has been no real comparative study of these efforts against other existing systems to demonstrate the cost-effectiveness and the societal benefit that comes from such efforts. There have been significant comparisons of housing approaches serving persons experiencing chronic homelessness to traditional approaches of serving homeless people that indicate that housing is both less costly and more effective in meeting the needs of persons experiencing chronic homelessness and the various subpopulations that constitute the chronically homeless population. In turn, these resources could save additional costs in health, mental health and substance abuse services. The Commonwealth should begin to develop and promote the rationale for refocusing homeless housing resources toward persons experiencing chronic homelessness.

- ☑ *Action 3.2.1. Use NY/NY model as a rationale for targeting resources for housing persons experiencing chronic homelessness*

Again, although there are successful housing programs serving persons experiencing chronic homelessness in Massachusetts, there has been little study of their impact on the problem of homelessness and the savings that they create. In the New York-New York (NY/NY) model, New York State and New York City forged an agreement to jointly construct and provide social services support for 3,300 community-based single-room occupancy (SRO) residences specifically for persons who had both experienced long-term homelessness and who were diagnosed as severely mentally ill. After the formation of this agreement, there was a marked decline in demand on its adult shelter system. A study of this initiative indicated significant cost reductions. These cost reductions were reflected across associated shelter, health and corrections systems. The associated cost savings, if they can be demonstrated in the Commonwealth, lay out the best rationale for addressing the issue of chronic homelessness.

*☑ Action 3.2.2. Create pilot from single shelter in Massachusetts*

As part of a flexible conversion strategy of providers rededicating shelter resources toward housing resources, at least one provider should be identified and encouraged to pursue the NY/NY model as a pilot program. This model will provide housing to persons experiencing chronic homelessness up front with supportive services. The creation of a pilot will give the opportunity to test the viability of this model for addressing chronic homelessness in Massachusetts.

*☑ Action 3.2.3. Develop cost containment study similar to NY example*

Controlled scientific studies have been produced to demonstrate the effectiveness and viability of such “Housing First” models. The development of a pilot and its eventual efficacy could be tested against more traditional homeless programs. Included in this study would be the comparative data on cost as opposed to the traditional models of shelter, service intensive programmatic transitional housing, and other housing models dedicated for homeless persons.

*☑ Action 3.2.4. Conduct educational campaign to obtain support for new housing affordable to persons targeted by this plan*

The Commonwealth should implement an educational campaign consisting of a series of local and regional workshops. The purpose of the campaign would be to demonstrate that all share the direct and indirect social and fiscal costs of the homelessness problem. Education should be aimed at all stakeholders, including the state legislature, local government officials, taxpayers, social service and shelter providers, housing developers, neighborhood organizations, and the business community. All housing development is a local issue. Local communities could be shown the importance of including set-asides for persons at or below 30% of median income. The state can enlist the participation of local existing agencies that have been dealing with the homelessness problem, as well as faith-based organizations. These groups can be a valuable resource for obtaining local support for housing development and in dealing with the Not In My Back Yard (NIMBY) reaction in many communities.

*☑ Action 3.2.5. Explore targeting a percentage of rental housing development finance programs operated by state housing agencies to persons experiencing chronic homelessness*

The state supports a number of market rate and mixed income rental housing development and rental subsidy programs, primarily through the state Department of Housing and Community Development and MASS Housing; other state housing finance-related agencies are also involved. The Commonwealth should give consideration to having those agencies create incentives for developers to create affordable rental housing for persons experiencing chronic homelessness within their projects. Developers applying for state financing should be encouraged to set aside a percentage of units in each development for rental by persons experiencing chronic homelessness. This could be accomplished through soliciting such activity in formal state application solicitations, and awarding extra points in the competitive application process to proposers who address this population. In addition, state housing finance agencies

would be encouraged to provide outreach, information and technical assistance to potential rental housing developers on the state's objectives, housing models, as well as how the set-aside units in a larger project could be made affordable to the population experiencing chronic homelessness.

### **● Strategy 3.3. Create and enhance linkages between mainstream benefit programs and housing programs**

Many housing developers for homeless people have indicated that they have little difficulty bringing various housing resources to the table to develop housing for persons experiencing chronic homelessness. What they indicate is that they have no resources to provide services for individuals that address their needs and sustain their housing. Given a resource for services they could begin to put housing on line for persons experiencing chronic homelessness. By providing the services necessary for people living with chronic and disabling conditions, experience nationwide has indicated that supportive housing can reduce dependence and spending on emergency and acute medical services. Many states have begun to use Medicaid plans to reimburse supportive housing providers for such services. The Commonwealth needs to consider linkages between housing development and mainstream benefit programs.

*☑ Action 3.3.1. Seek more effective use of Medicaid to enable rehab and case management linked to appropriate housing*

The Commonwealth should seek to implement the administrative steps necessary to adapt Medicaid so that it would allow linkage of case management and rehab services to housing projects for persons experiencing chronic homelessness. Such a use of this important resource could result in some cost reduction for acute traditional health settings reflected in decreased use of emergency services and shorter lengths of stay. These services could be provided by non-profit entities committed to serving persons experiencing chronic homelessness within housing settings. Other states and agencies in other systems of care already using Medicaid in this fashion should be examined to develop such strategies for housing persons experiencing chronic homelessness.

*☑ Action 3.3.2. Encourage traditional licensed providers to partner with housing developers for persons experiencing chronic homelessness*

Many of the providers of residential or housing options for persons experiencing chronic homelessness are not state licensed treatment providers. The Commonwealth could encourage and provide incentives for traditional licensed agencies to partner with providers of housing for persons experiencing chronic homelessness in order to provide the necessary “wrap-around” reimbursable services. Such an approach would integrate the housing component with those agencies traditionally mandated to serve various subgroups of persons experiencing chronic homelessness. Community mental health centers, for example, would achieve their long established goal of providing an appropriate community-based residential response for those hardest to serve clients.

*✓ Action 3.3.3. Promote service models with the development of housing capacity*

The Commonwealth, the Interagency Council and its constituent members should encourage the collaborations and partnerships between service providers and housing developers with the long-term goal of creating additional capacity for the chronically homeless population.

**④ PRIORITY FOUR**  
**Develop the Prevention of Chronic Homelessness**

The Commonwealth's ultimate success and most cost-effective strategy in the battle to end chronic homelessness will be found in its capacity to prevent it from occurring in the first place. At a primary level, such prevention will necessitate the implementation of strategies and services designed to address short-term housing crises. At the institutional level, it will require the planning and steps necessary to stop the flow of individuals from care and service systems into homeless and emergency care systems. Appropriate discharge policies and practices and residential capacity will be a critical part of any system committed to ending chronic homelessness.

**● Strategy 4.1. Develop inventory of existing strategies and programs as baseline for moving forward**

Massachusetts should be proud of its history of responding to the present reality of homelessness, including many community and faith-based groups who have met the needs of those in crisis. It is the time, values and commitment of these dedicated people and organizations that have brought us within reach of ending chronic homelessness. However, Massachusetts has also been a leader in the development of principles, strategies and practices for preventing the flow of homeless persons into the front door of emergency shelters. Inappropriate discharges, lack of appropriate step-down or primary treatment resources, and again, fragmented separate systems of care often lead directly to the shelter. The Commonwealth should recognize and create an inventory of programs and strategies as the baseline for moving toward ending chronic homelessness.

*✓ Action 4.1.1. Review the findings and recommendations of the interagency policy report "Moving Beyond Serving the Homeless to Preventing Homelessness" issued by the Executive Office of Administration and Finance*

This seminal report issued by the Commonwealth in October of 2000, identified a range of service coordination and housing recommendations that are currently applicable to persons experiencing chronic homelessness. Its analysis of federal and state agency mainstream programs relating to homelessness and advocacy for such practices as discharge planning are quite germane to the Commonwealth's work to end chronic homelessness.

*☑ Action 4.1.2. Recognize, enhance, and provide continued support to existing systems (policies and programs) that serve as homelessness preventative measures*

Over the last several years, significant policies and programs have been developed for preventing chronic homelessness. Discharge planning and zero tolerance for referral to shelter have been employed with varying degrees of success throughout state systems of care. In-reach into various systems of care and into correctional systems to address issues that create a risk of homelessness have also shown tremendous potential of cutting down the flow of persons to the front door of shelter or the streets. Linkage of important services, oftentimes developed originally within shelter systems of care, provide strategies and models for prevention of fall-out to shelter. The Commonwealth should identify and continue to promote such best practices.

*☑ Action 4.1.3. Develop appropriate transition from emergency shelter model to “Housing First” model as a preventative measure*

Many providers of services to homeless adults fear that the overwhelming demand on their resources will worsen if shelter resources are rapidly converted to housing alternatives. However, most providers view being placed in shelter as a failure of the larger system and an inappropriate outcome. As we move forward toward a housing first strategy, emergency shelters need to be understood solely as emergency and preventative in nature keeping individuals from falling into long-term chronic homelessness. Shelters should never serve as alternatives to treatment or appropriate residential care. Those that do should be converted accordingly.

*☑ Action 4.1.4. Define and describe baseline to create clear indicators of success of primary preventative strategies*

Once a thorough inventory of existing preventative programs and strategies are in place and once emergency shelter has been clearly demarcated, empirical indicators can be created to measure the efficacy of such programs in keeping people from homelessness and particularly, chronic homelessness. At this point, measures can also be developed to determine the impact of such measures upon the census of emergency shelter.

## **● Strategy 4.2. Develop housing retention strategies**

The best preventative strategy in the world is keeping a person in their housing. Although in all circumstances ensuring housing is an economic matter and an issue of affordability, in chronic homelessness it is often complicated by the reality of mental illness, substance abuse/addiction, domestic violence, and other serious physical disability. Housing retention, therefore, requires not only ensuring that the rent is paid, but also ensuring that the necessary services are in place for sustaining tenancy. The Commonwealth should develop housing retention strategies that ensure the appropriate linkage of housing to a systems integrated approach of service delivery that will sustain tenants in their housing.

*☑ Action 4.2.1. Review existing projects and explore expansion opportunities*

The reality of homelessness throughout the Commonwealth in the past decade has seen the emergence of creative housing initiatives within the homeless provider community and certain state systems of care. Shelter Plus Care, the Special Initiative to House the Mentally Ill, the Tenancy Preservation Project (Springfield) and other housing initiatives particularly of the Massachusetts Department of Mental Health, have pioneered new models of service and housing linkage through the provision of community-based and tenant-based care in both project-based and scattered site units. These programs have housed some of the hardest to serve of the chronically homeless population or those likely to become homeless and have demonstrated high retention rates. Such models easily can be promoted as models for replication, not only for moving homeless people to housing, but as preventative models of housing retention.

*☑ Action 4.2.2. Support and expand housing search and stabilization*

Just over a decade ago, many contended that homeless individuals could never be housed. Over the last ten years, the development by the Massachusetts Housing and Shelter Alliance (MHSA) of the Greater Boston Housing Initiative (which later would become the non-profit HomeStart) and the creation and implementation of the Statewide Mobile Resource Teams would shatter that myth. Homeless adults were not only being housed through aggressive housing search and stabilization services, but the majority demonstrated long-term housing retention. Many of these same tenants were developing long-term retention and transitioning to mainstream housing resources or independence back in the community. Clients of these programs have significant incidents of mental illness, substance abuse, and criminal histories. The Commonwealth should support existing resources and expand system-wide, appropriate housing search, and stabilization services as integral to all aspects of this plan.

*☑ Action 4.2.3. Expand other community-based case management and service models*

There are currently models that provide critical support services linked to a wide array of housing opportunities. Such models include DMH's Aggressive Treatment and Relapse Prevention Program (ATARP) for homeless clients who have a co-occurring mental illness and substance abuse disorder and Programs of Assertive Community Treatment (PACT) teams, a nationally proven model for service delivery to adult clients with serious mental illness. The Commonwealth should explore various community-based service delivery models that can be integrated into systems of care that retain tenants in their housing.

*☑ Action 4.2.4. Establish rapid re-entry strategies throughout all systems of care*

The Commonwealth should encourage existing systems of care, shelter and housing providers to develop new models that provide housing placements more rapidly, which will help reduce emergency shelter costs. Many homeless persons do not need intensive supportive services. In many cases, providing housing first will lead to more stability so that clients can then obtain any appropriate supportive service they need in order to maintain self-sufficiency. The policy of rapid re-entry to housing should exist in all systems of care.

*☑ Action 4.2.5. Monitor emerging federal policy regarding funding levels and administration of the national CHOICE rental voucher program (Section 8)*

Any housing strategy to assist persons experiencing chronic homelessness cannot ignore the growing lack of federal deep subsidy intended for extremely low-income persons. It is an immediate and growing crisis. Section 8 would no longer be available to persons experiencing chronic homelessness, it would not continue to function as one of the best homelessness prevention tools. Although the loss of Section 8 vouchers would impact other low-income persons, such a loss would present unique obstacles to housing persons experiencing chronic homelessness. While there are existing “bridge” permanent housing programs, there are few, if any, long-term subsidy programs. As the federal government progresses with its efforts to change funding levels and administrative procedures concerning the CHOICE-Section 8 voucher program, the Commonwealth should become involved to ensure that the changes do not negatively impact the homeless population.

**● Strategy 4.3. Review effectiveness of existing discharge planning policies and develop strategies to improve**

Discharge planning is the process of preparing a person in an institution for return or re-entry into the community and the linkage of the individual to essential community services and supports. The goals of discharge planning are: linking the consumer to appropriate next step resources, preventing vulnerable populations from becoming homeless or criminalized, and assisting the consumer with re-entry to community. Discharge planning must be tailored for different needs of different consumers. At the heart of such planning is the creation of an individual service plan based upon the consumer’s needs. Discharge planning needs to be comprehensive — all of the consumer’s needs, housing and appropriate services must be addressed in the discharge plan. Within an appropriate and integrated system of care, discharge planning is a necessity. However, next-step residential resources are central to discharge planning. Without these resources, discharge planning is illusory. The growth of homelessness and the various subpopulations within homelessness indicates a systems-wide problem: lack of good discharge planning is often related to lack of appropriate residential options.

*☑ Action 4.3.1. Study youth population/programs and develop effective strategies*

One of the most disturbing trends in the past several years is the growing number of young adults ages 18-24 who are homeless on the streets or in shelters. Oftentimes, such homelessness is the result of the lack of appropriate services for young people transitioning from the public services offered to youth. Adolescents who receive various public services face significant challenges as they “age out” of the youth system and attempt to secure services within an adult system of care. They often do not qualify for many of these adult services and agencies such as the Department of Social Services (DSS), the Department of Youth Services (DYS) and the Department of Mental Health (DMH) offer few transitional services or programs. The Commonwealth should study, develop and promote appropriate strategies for youth that will prevent young adults from falling into homelessness and potentially chronic homelessness and review practices that inappropriately place youth in programs with older adults.



*☑ Action 4.3.2. Develop continuum of services model for ex-prisoners at risk*

Nearly 20,000 persons are released annually from state and county correctional systems. It is conservatively estimated that 15% of this population is at risk of homelessness. Intake data collected from shelters across the state indicates that the actual number may be higher. Oftentimes at the root of such persons' incarceration is behavior related to substance abuse or mental health. With the stigma of coming from prison – without income, work, housing, food, viable community and family connections, and health care – many find themselves with few alternatives beyond the shelter system and the high probability of recidivism. One way of breaking this cycle is to connect ex-prisoners with the appropriate community-based services prior to release in order to secure appropriate federal and state benefits, housing, employment and appropriate community-based services. The Commonwealth should promote the integration of a continuum of services necessary to prevent released ex-prisoners from falling into homelessness.

*☑ Action 4.3.3. Expand and encourage best practices throughout systems of care of appropriate discharge planning in policy and practice*

Massachusetts is a national leader in developing and implementing appropriate policies of discharge planning. The prevention of homelessness is contingent upon closing ~~down~~ the front door of homeless shelters. Only such discharge practices will lead to the development of an appropriate delivery of service system that will care for those at greatest risk of being homeless. Presently in the Commonwealth, Administration and Finance, the Executive Office of Health and Human Services, and Office of Service Delivery, all require appropriate discharge planning language in their contracts. The Commonwealth should aggressively monitor these existing initiatives and make appropriate discharge planning the keystone of its efforts to end chronic homelessness.

*☑ Action 4.3.4. Review the status of the Commonwealth's pioneering experiment to incorporate discharge planning requirements in all human and social services Requests for Responses (RFR) and Purchase of Service (POS) contracts*

As initiated by the Executive Office of Administration and Finance (A&F), the Commonwealth has been working to promote discharge planning through its formal service procurement process. With interagency input, the Operational Services Division within A&F devised a set of specifications covering discharge planning along with a process to incorporate them into relevant agency RFR's and POS contracts. The status of this pilot effort should be reviewed, refined as necessary and considered for possible expansion.

## **CONCLUSION: THE BEGINNING OF THE END**

This document represents the first step of a ten-year plan and the first step to end chronic homelessness in the Commonwealth. It has outlined potential strategies and appropriate action steps toward the development of the necessary policy and practice to end chronic homelessness. However, much remains to be done. The Policy Academy recognizes that next steps in the planning process include the designation of management, a plan for implementing the

recommended actions, and a description of expected outcomes and benchmarks laid out within a realistic framework of time for completion. It is recommended that the Interagency Council create a Subcommittee on Ending Chronic Homelessness consisting of the appropriate advocates, agencies and key stakeholders of expertise to finalize and implement the plan to end chronic homelessness.